

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550235
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
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20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25	1		1			
26		1		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		0		1		
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33		0		1		
34		0		1		
35		0		1		
36		0		1		
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39		0		1		
40		0		1		
41		0		1		
42		0		1		
43		0		1		
44		0		1		
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.		42				
TOTAL CLAIMS		45				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						